



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Summit

March 24, 2008
Lansing, MI



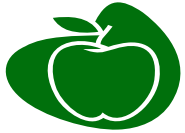
Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup



Agenda

- 1:00 – Welcome, background, and goals for today's meeting
- 1:30 – Education Policy Action Team
- 2:10 – Health, Family and Child Care Services Policy Action Team
- 2:50 –5-Minute stretch break
- 2:55 – Community Policy Action Team
- 3:35 – Future strategies for the COPW
- 3:40 – Consensus results: priority policies for year 1
- 4:00 – Adjourn





Goals for Today's Meeting

1. Hear the recommendations from three Policy Action Teams.
2. Gain consensus on priority policies for the first year of the 5-year childhood obesity policy agenda.
3. Provide information for future direction of the Workgroup efforts.



Background

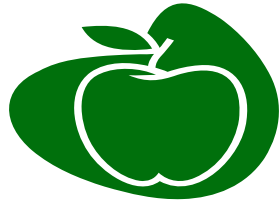


Healthy Kids, Healthy Michigan



- National Governor's Association Center for Best Practices grant
- Part of *Healthy Kids, Healthy America Program* with purpose to prevent childhood obesity in schools and communities
- Collaborative effort between Governor's Office, Office of the Surgeon General, MDCH and MDE

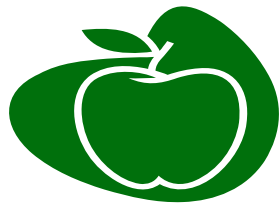




Grant overview

- Outcome
 - A comprehensive, multi-year statewide action plan to prevent childhood obesity in schools and communities.
- Grant components
 1. Environmental Scan
 2. Mini-grants to school districts
 3. Childhood Obesity Prevention Workgroup

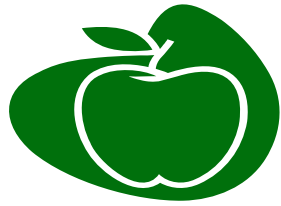




Project Goals

- Goal 1: Complete an environmental scan of existing resources, programs, and policies in Michigan for childhood obesity prevention.
- Goal 2: Establish a Childhood Obesity Prevention Workgroup comprised of public and private partners, state government leaders, and representatives from schools, especially from low income areas.
- Goal 3: Provide mini-grants to three school districts to adopt a local policy and promote these policies in their schools using a social marketing approach.





Project Goals

- Goal 4: Complete a 5-year, statewide action plan of policy reform for schools and communities designed to increase access to healthful foods and opportunities for physical activity. Provide a concise publication to Governor and Michigan legislators.
- Goal 5: Create statewide awareness of the childhood obesity burden and policy reform plan through a promotional campaign.



Childhood Obesity Prevention Workgroup (COPW)

- **Purpose:** To create the 5 year strategic policy agenda to reduce childhood obesity in Michigan
- **Participants:** Executive-level leaders representing diverse settings and interests



My Role as Project Leader

- Convene a multidisciplinary group of executive-level decision makers
- Provide leadership and structure for Childhood Obesity Prevention Workgroup
- Ensure project goals are met and project is on track
- Report Workgroup recommendations back to Governor Granholm



Role of Michigan Departments of Community Health and Education

- Provide technical assistance and staff support to Policy Action Teams
- Repository of information on policy strategies across the nation
- Provide technical assistance to school districts receiving grants
- Liaison between COPW and NGA



Role of Childhood Obesity Prevention Workgroup

- Attend 4-5 Workgroup meetings
- Participate in at least one Policy Action Team
- Draft and prioritize policy recommendations
- Build consensus for final policy agenda



Deliverable

- Michigan Childhood Obesity Prevention Policy Agenda



Thank you for your Leadership!

Health, Family and Child Care Services Policy Action Team

Co-Chairs: **Kate Conway**
Tom Peterson
Gloria Edwards

Support Staff: **Karah Mantinan**
Rey Bouknight

Michigan Department
of Community Health



Education Policy Action Team

Co-Chairs: **Dru Szczerba**
Debbie Stellini
Support Staff: **Kyle Guerrant**
Shannon Carney
Oleksyk

Community Policy Action Team

Co-Chairs: **Kirsten Simmons**
Support Staff: **Lisa Grost**



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

Thank you for your Leadership!

Co-Chairs:

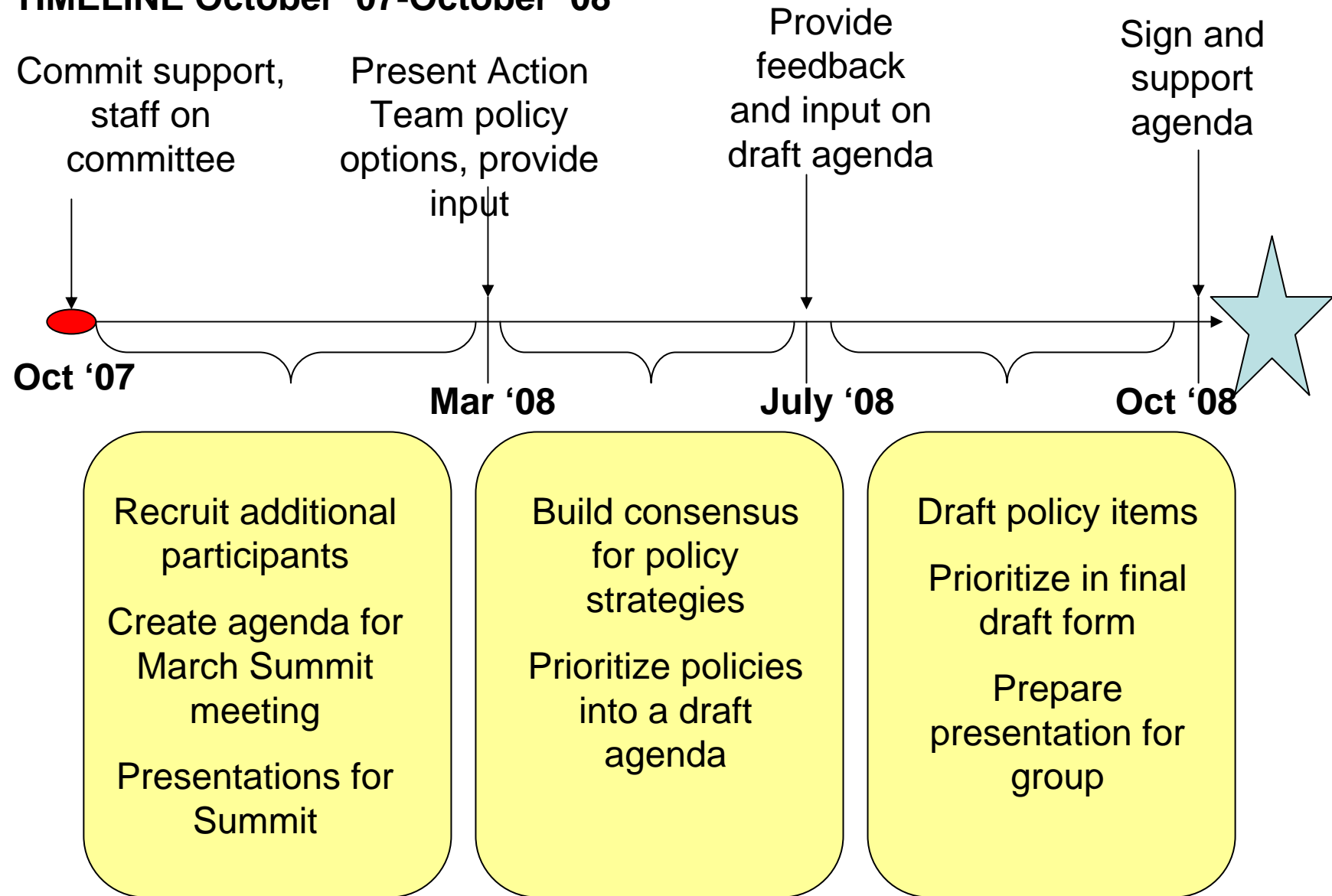
Kate Conway
Gloria Edwards
Tom Peterson
Kirsten Simmons
Debbie Squires
Dru Szczerba

Staff Support:

Shannon Carney Oleksyk
Lisa Grost
Kyle Guerrant
Karah Mantinan



TIMELINE October '07-October '08



The Rising Tide of Childhood Obesity

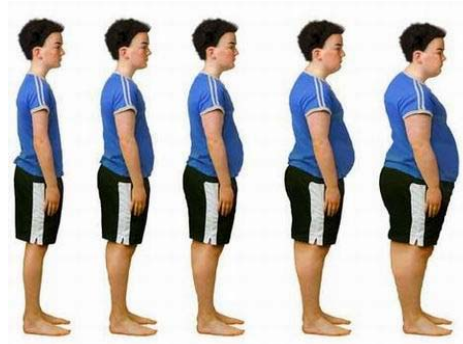
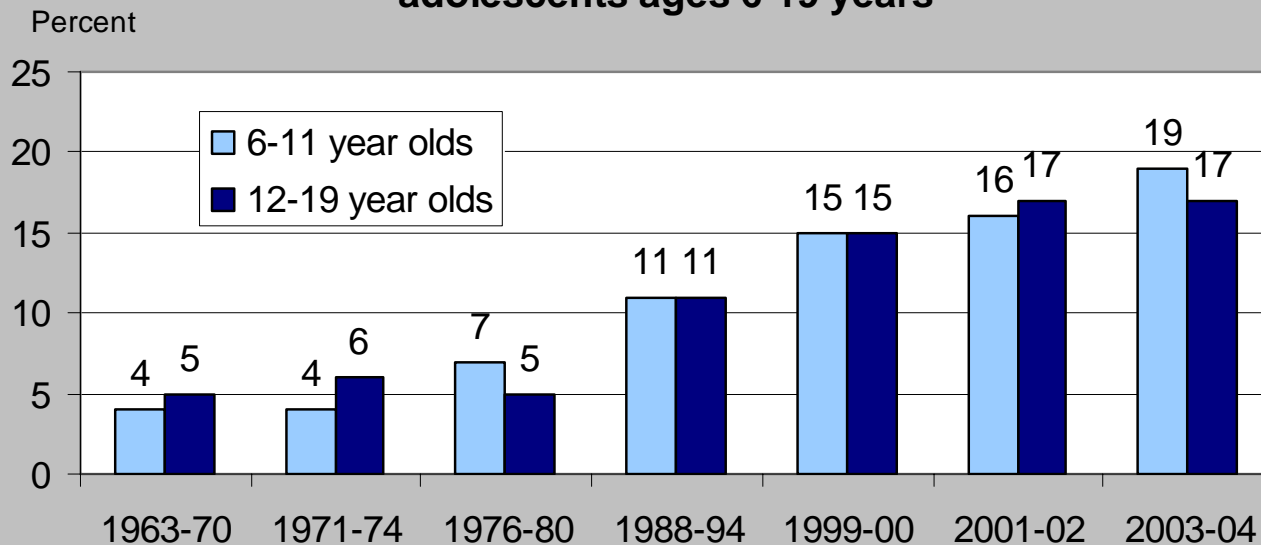


Figure 1. Prevalence of overweight among children and adolescents ages 6-19 years



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics. Nutrition Health Examination Survey.



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

How Does Michigan Measure Up?



		Michigan (%)	U.S. (%)
Low income 2-5 year olds (Pediatric Nutrition Surveillance Survey, 2005)	Overweight	12.2	14.7
Youth ages 10-17 years (National Survey of Children's Health, 2005)	Overweight	14.5	14.8
9th-12th Grade Students (Youth Risk Behavior Survey, 2005)	At risk for overweight	12.1	13.1
	Overweight	13.5	15.7

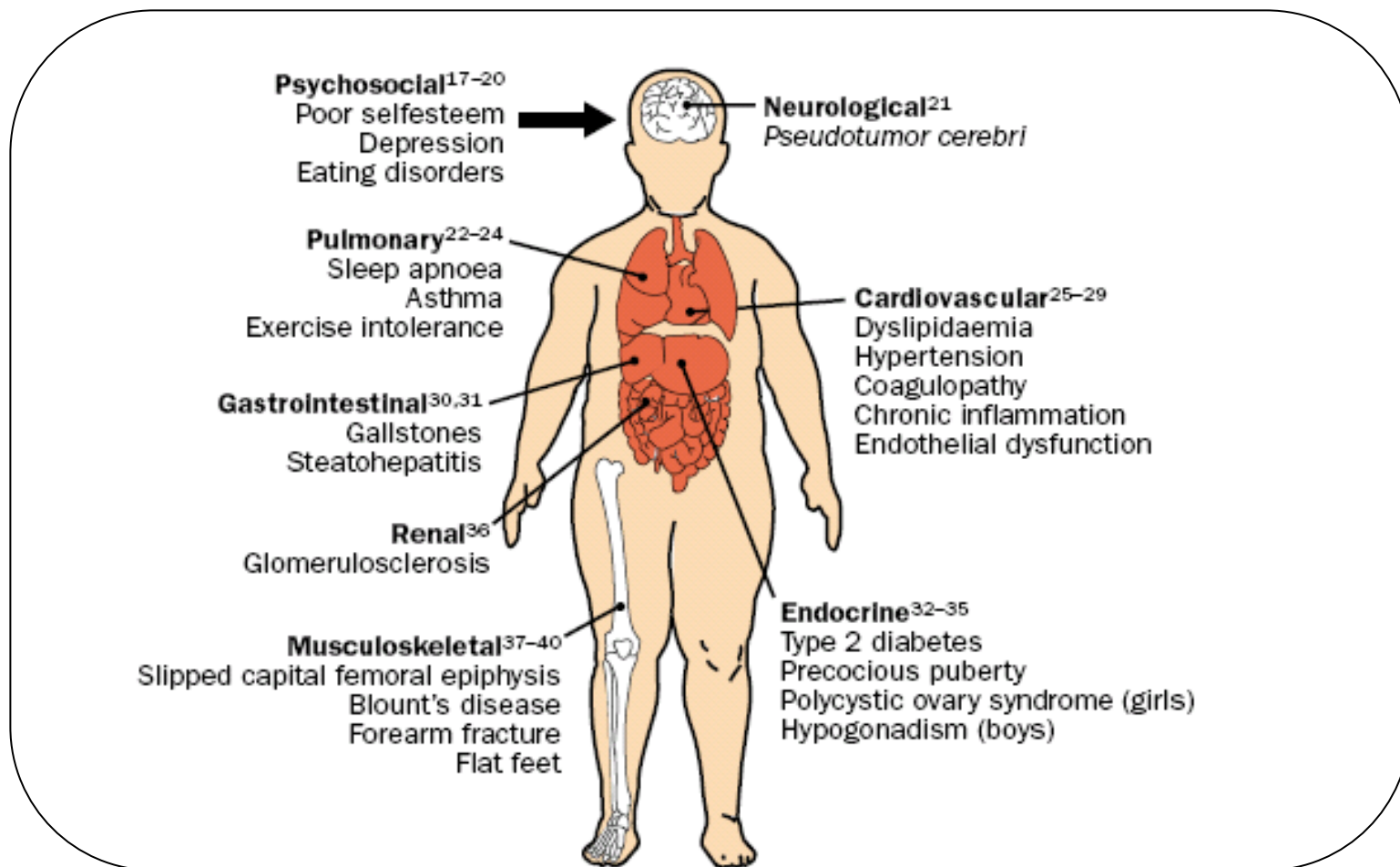


Disparities

- Low income and minority populations are disproportionately affected
 - E.g. 24% non-Hispanic black girls are overweight vs. 15% non-Hispanic white girls
 - 23% 2-5 year old Mexican-American boys are overweight vs. 13% non-Hispanic white boys (Ogden, JAMA 2006)



Consequences of Obesity



SOURCE: Ebbeling CB, et al. Lancet 2002;360:473-482



Financial Costs of Obesity

- >25% US health care costs related to obesity and inactivity (Anderson, et al 2005)
- Between 1979-1999, obesity-associated hospital costs for children tripled \$35-\$127 million (Wang and Dietz, 2002)
- Physical inactivity costs \$128 per person (Garrett, 2004)
- Adult obesity costs \$2.9 billion in Michigan (BRFS 2005)



Effect of Obesity on Business

- Higher health care costs
(Ostbye 2007)
- Lower productivity
(Pronk, 2004)
- Increased absenteeism
(Ostbye 2007)
- Higher workers' compensation claims
(Ostbye 2007, Pronk NP 2004, Aldana 2001, Wang 2004)



This Could Be Our Future...

- 1 in 3 born in 2000 with Type 2 diabetes
- Cardiovascular morbidity earlier
- Increase use of health care services
- Increased health care costs
- Decreased productivity
- Decreased life expectancy



Prevention in Childhood is Critical

- 70-80% of overweight children become obese adults
 - MI ranked 9th in highest adult obesity rates
- Children establish eating behaviors early in life



Prevention

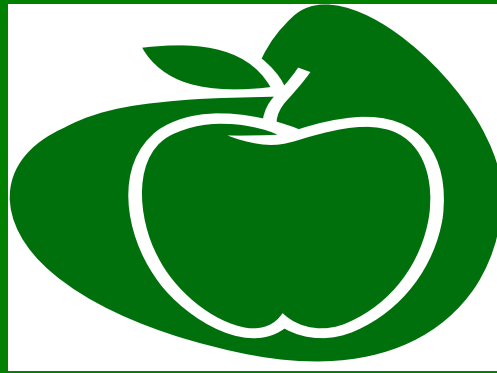
- Promoting healthy eating and physical activity
- Changing our environments-making it easy for people to be active and eat healthfully
- Removing barriers
- Changing social norms
- Population-based strategies



Prevention and Healthy Lifestyles Save Money

- Reduced risk of chronic disease
 - If 10% of Americans began walking regularly, \$5.6 billion in heart disease costs could be saved
- Reduced health care costs
 - Sedentary Americans spend \$330 more in direct health care costs
- Reduced health care costs for business
 - Obese workers have 21% higher costs





Progress on Childhood Obesity Prevention in Michigan

Rochelle Hurst, MA, BSN

Manager, Cardiovascular Health, Nutrition
and Physical Activity Section

Michigan Department of Community Health



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

Michigan Environmental Scan

September 2007 Results



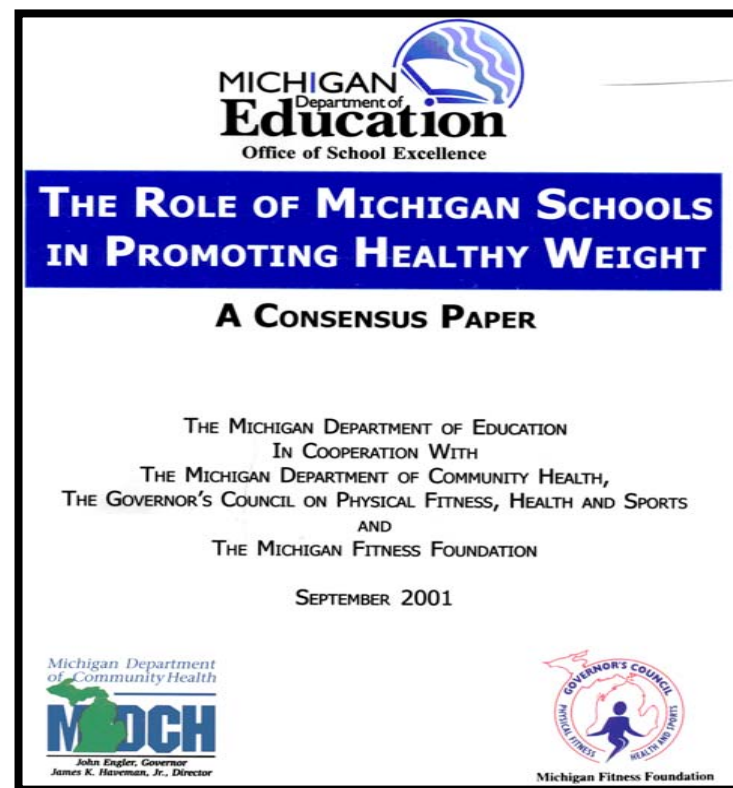
- 90 of 150 organizations responded
- **9% of efforts pertained to policies**
- 80% of efforts targeted elementary age children
- 35% of efforts targeted preschool age children
- 39% of efforts being conducted statewide



Education – Current Consensus

The Role of Michigan Schools in Promoting Healthy Weight

- Create a coordinated school health team
- Conduct an assessment (Healthy School Action Tool)
- Plan improvements



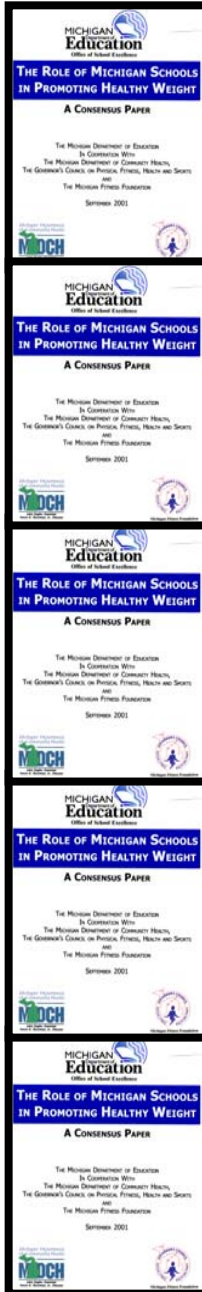
Education - Progress

The Role of Michigan Schools in Promoting Healthy Weight Update

- Hundreds of coordinated school health teams
- Over 500 assessments have been completed
- Hundreds of action plans developed for improvements



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup



Education - Progress

- Physical education curriculum (EPEC)
- Amount of time of physical education
- Number of days per week
- Equipment
- Recess
- Physical activity breaks



Education - Progress

- Healthier vending options
- Elimination of high calorie beverages and snacks
- Breakfast
- Recess before lunch
- Healthier a la carte
- Removal of deep frying



Education - Progress

- 90% of Michigan schools report using Michigan Model for Health Curriculum
- Michigan Action for Healthy Kids was formed
- Toolkits, assessments, brochures, posters, programs, etc.
- Surveys
 - Student Health Survey
 - MIPHY – MI Profile for Healthy Youth



Education – Policy Progress

- Federal Local Wellness Policy – 86% in Michigan are compliant
- State Board of Education Passed 3 Policy Recommendations:
 - Healthy Food and Beverages
 - Quality Physical Education (including recess)
 - Coordinated School Health Programs





Education Policy Progress



Recent Legislation in Michigan

- SB0282-2007-PE: Requirement-30 minutes PE 2 days per week for grades K-5
- SB 0508-2007-PE: Requirement includes grades 6-8: 45 minutes of PE/school day and 225 minutes health education each school week



Community-Based Initiatives

- Federal Safe Routes to School Program with \$19.2 million allocated for Michigan 2005-2009 (MI Department of Transportation)



Community-Based Initiatives

- Local health departments facilitating connectivity, trails, farmers markets with EBT systems, community gardens



Community-Based Initiatives

- Body and Soul in African American churches to increase consumption of fruits and vegetables
- Food Policy Council Report



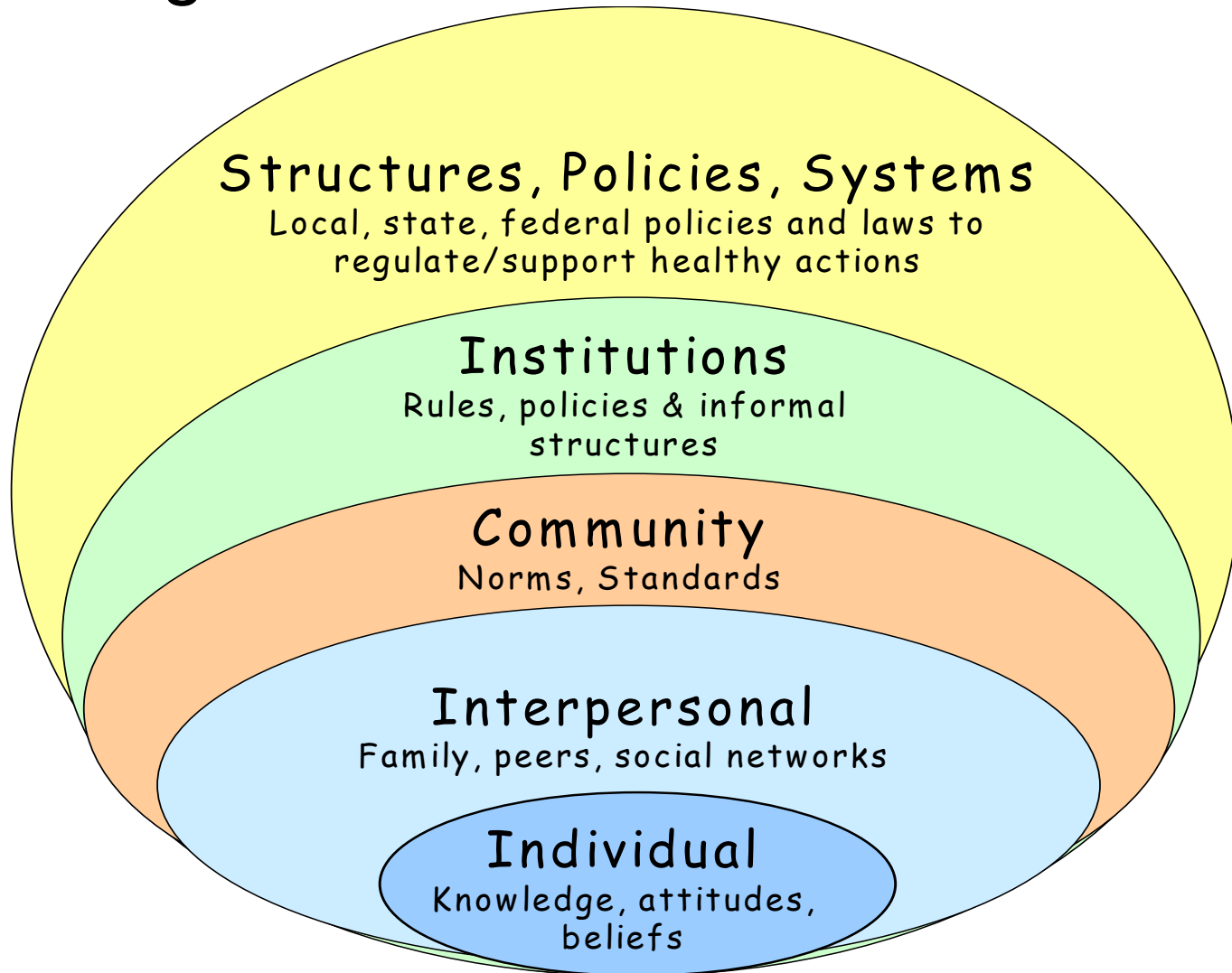
Health, Family and Child Services

- Michigan Quality Improvement Consortium Childhood Obesity Guidelines
- School-based health centers are taking BMI and counseling students
- Monthly events and lectures that are open to the community and aimed at promoting healthy lifestyles for children/adolescents
- Interactive educational sessions led by multidisciplinary teams (e.g. dietitian, exercise physiologist, and psychologist)



What Does All of This Mean?

Socio Ecological Model



What Does All of This Mean?

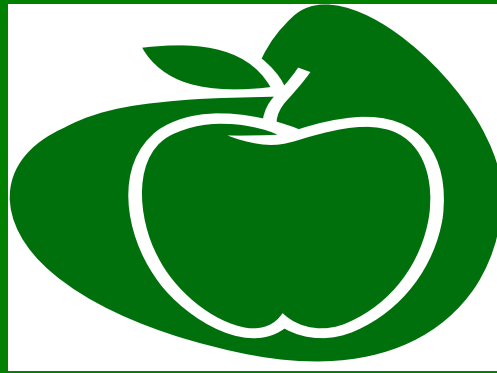
- Support for change
- Many recommendations, few policies
- Changes at policy and environmental levels are not widespread
- Coordination and standardization of practices is missing



Where Are We Today?

- Obesity rates are continuing to rise
- Need for comprehensive, coordinated strategy for reducing childhood obesity in Michigan
- Policy agenda to present to the Governor and Legislature





Healthy Kids, Healthy Michigan

Dr. Kimberlydawn Wisdom
Michigan Surgeon General



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

Is Policy the Missing Piece?

- Population-wide strategy, large reach and potential for impact
- Enhanced coordination across state-standardization
- Equalize efforts across low and high income areas
- Lessons learned from tobacco

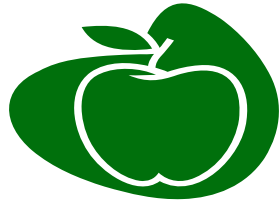


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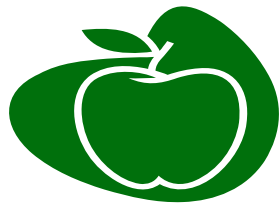




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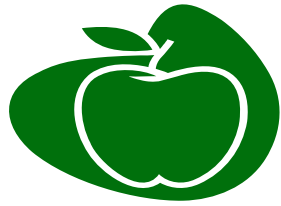




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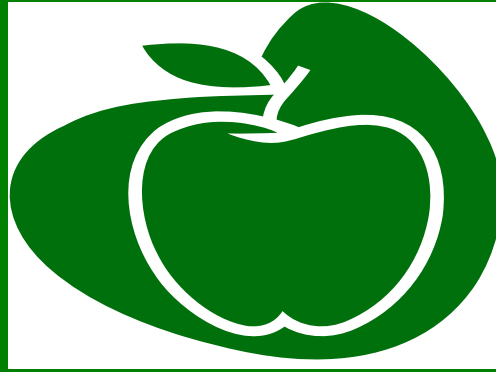
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Deliverable

- Michigan Childhood Obesity Prevention Policy Agenda





Best Practices in Childhood Obesity Policy & Policy Making

Matt Longjohn, MD, MPH



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

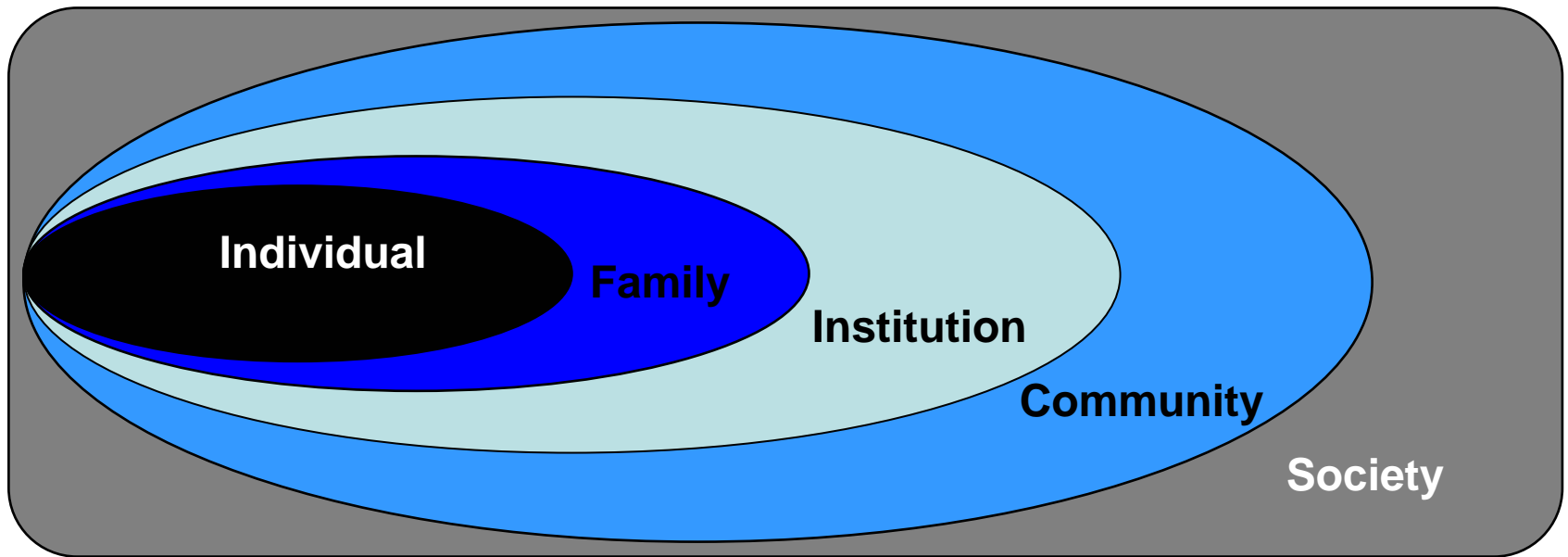
Introductions

- Speaker
 - A Michigander
 - A biased advocate
- Topics
 - Best practices
 - Policies vs. Policymaking



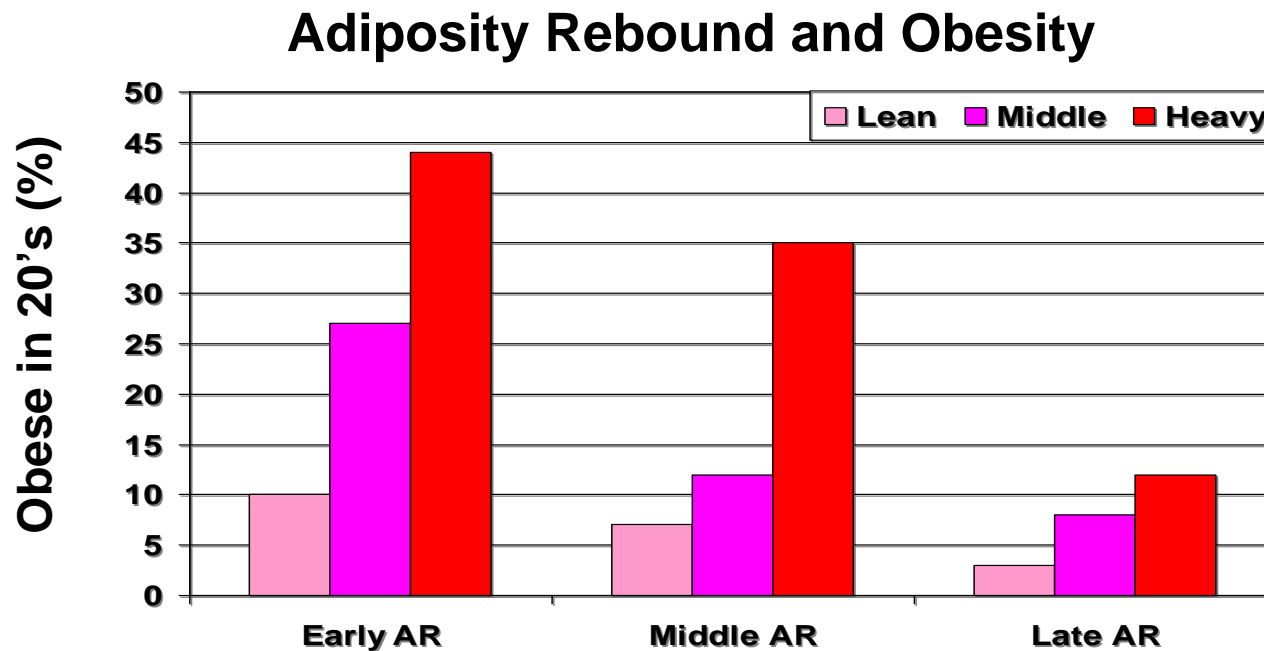
My Biases

- **An Ecologic approach is required**



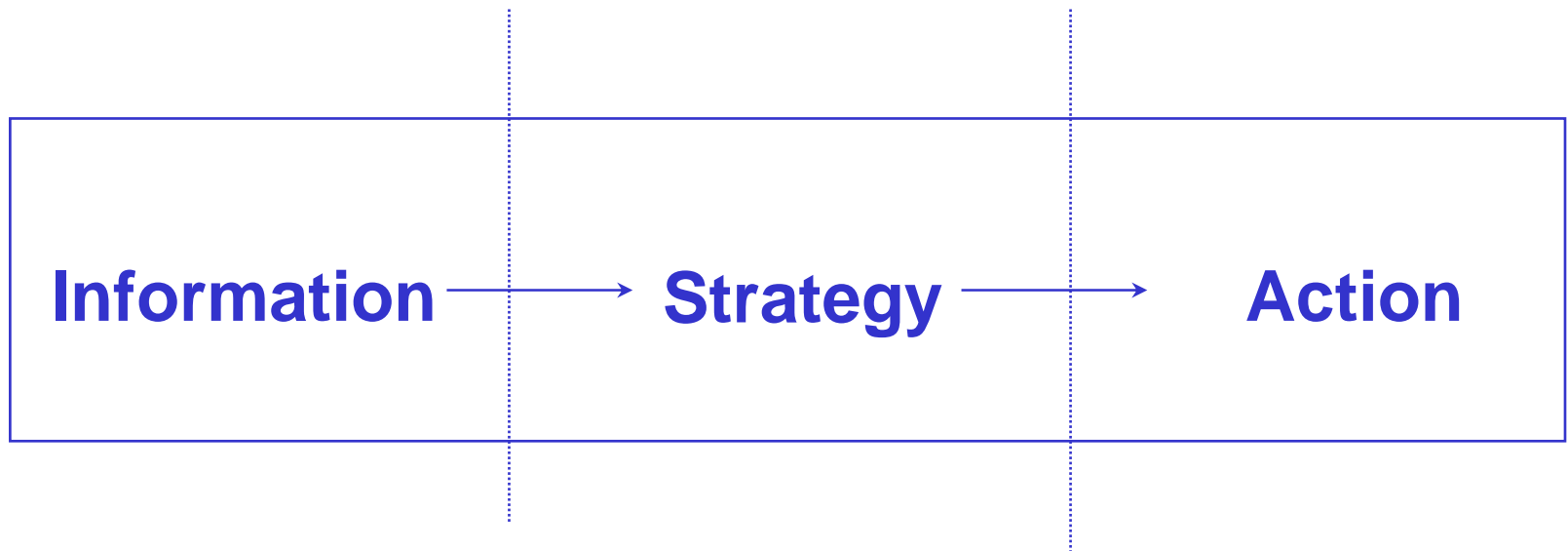
My Biases

- **Data-driven Early Prevention is key**



My Biases (cont.)

- **A Public Health Advocacy Approach Yields Measurable Results**



Christoffel K Kaufer, Public Health advocacy: Process and Product, *AJPH* 2000; 90:722-726.



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

Best Practices: obesity prevention

- Work at the right scale and pace
 - Multi-generational problem
 - Apply previous lessons appropriately
 - Document successes and failures
- Work within our limits
 - The field is young and quixotic
 - Sustainability is a real challenge
 - Relatively few available resources

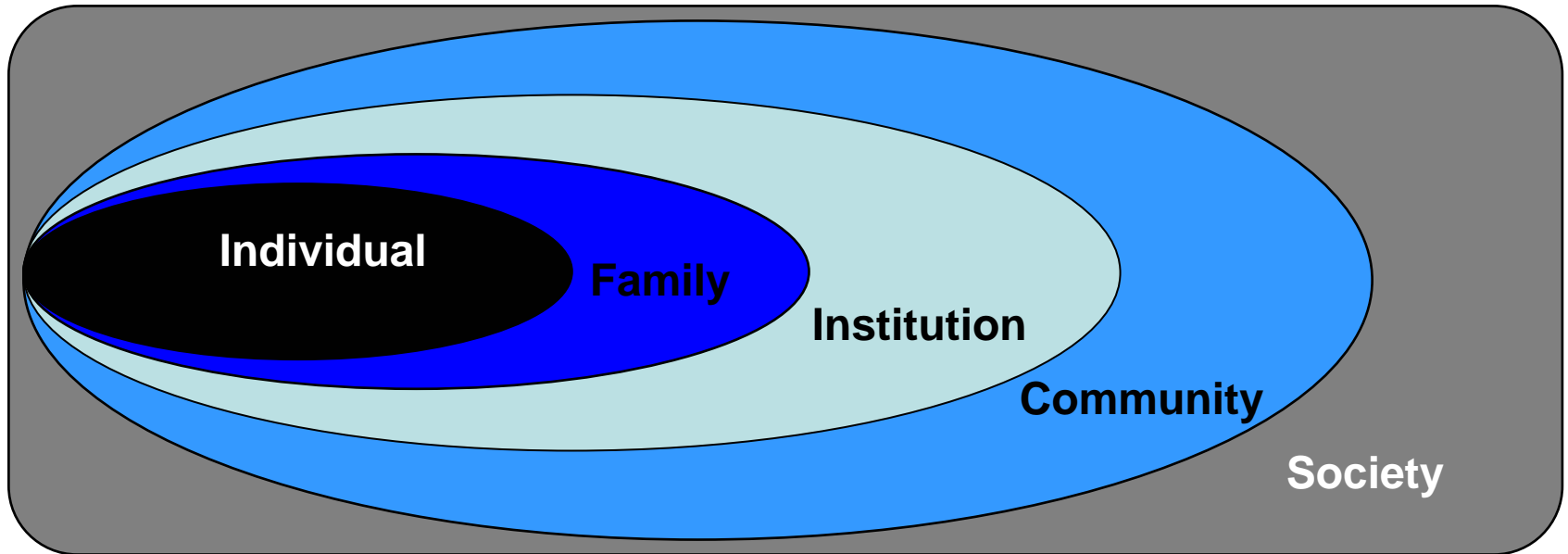


Best Practices

- In policy
 - Evidence points to just a few directions
 - 5,4,3,2,1 Go!
 - But, at every level...
- In policymaking
 - Incremental vs. revolutionary
 - Breadth vs. depth
 - Participatory



A framework for discussion



- **Family, Institution, Community**
- **Descriptive, not prescriptive**



Health, Family & Child Care Services

Healthcare Policy

- SCHIP Legislation
 - Nutrition counseling for children and adolescents
 - Weight management clinics
- Coverage of obesity-related costs
- Immunization reporting



Health, Family & Child Care Services

Family-related policies

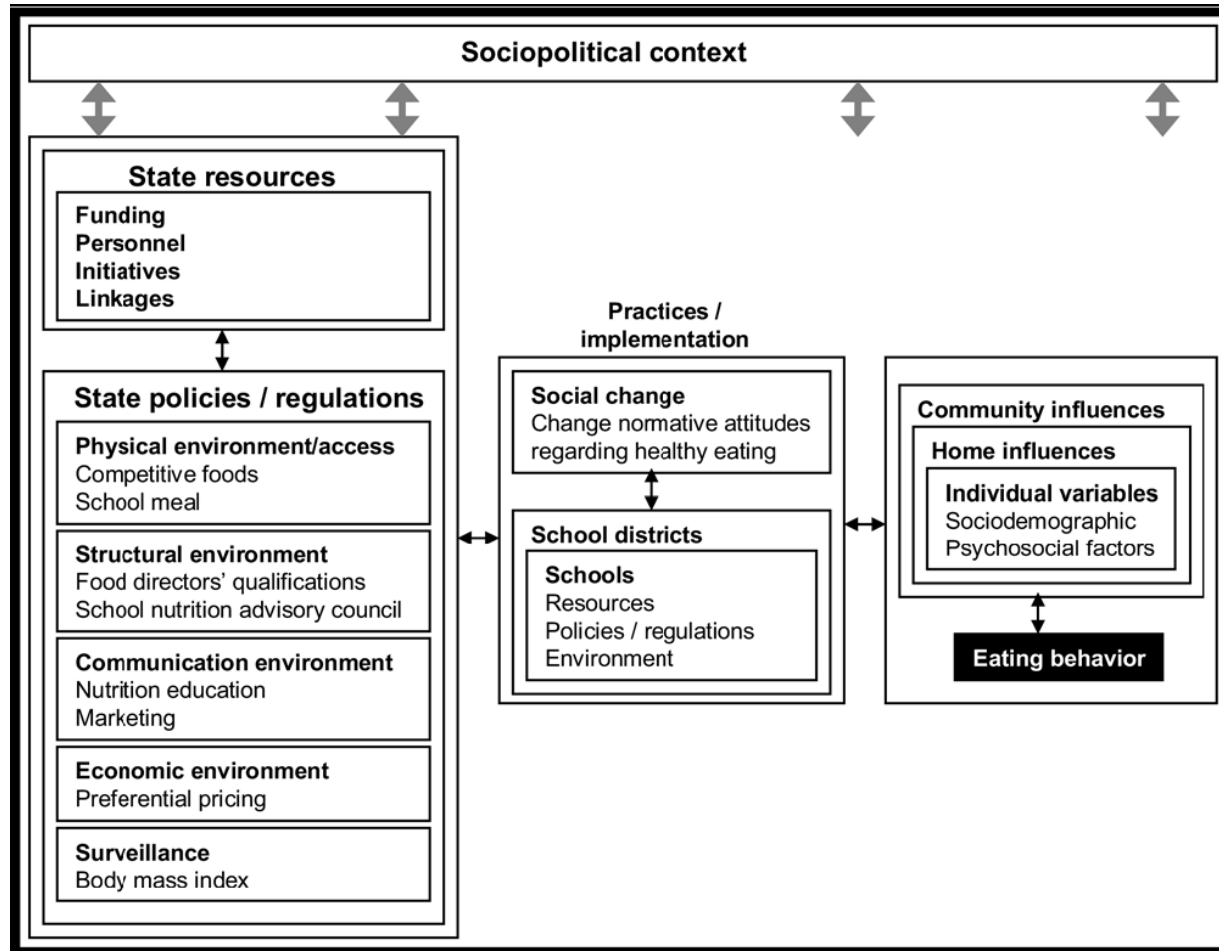
- Maternity/paternity leave & Flexible work hours
- Breast-feeding allowances
- EBT for nutrition supplementation

Childcare

- Screen time limits
- Activity minimums
- Nutrition standards
- Staff qualifications



Institutional: SNESPCS



From Masse LC, Frosh MM, Chrigui JF, Yaroch AL, Agurs-Collins R, Blanck HM, et al. Development of a School Nutrition–Environment State Policy Classification System (SNESPCS). *Am J Prev Med* 2007;33(4S):S277–S291).



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

School Nutrition Policy Targets

- Improving quality of foods served at school
 - School meals
 - A la carte
 - Vending machines
 - Other-school stores, fundraisers, classrooms, etc
- Limiting sale of less healthy foods
- Time available to eat
- Nutrition education
- Marketing environment
- Food pricing



Innovative Examples

- Connecticut SB373 “An Act Concerning Beverages in Schools”
 - Allows for local control over food, but provides financial incentive (10 cents/lunch) to offer foods meeting higher nutrition standards

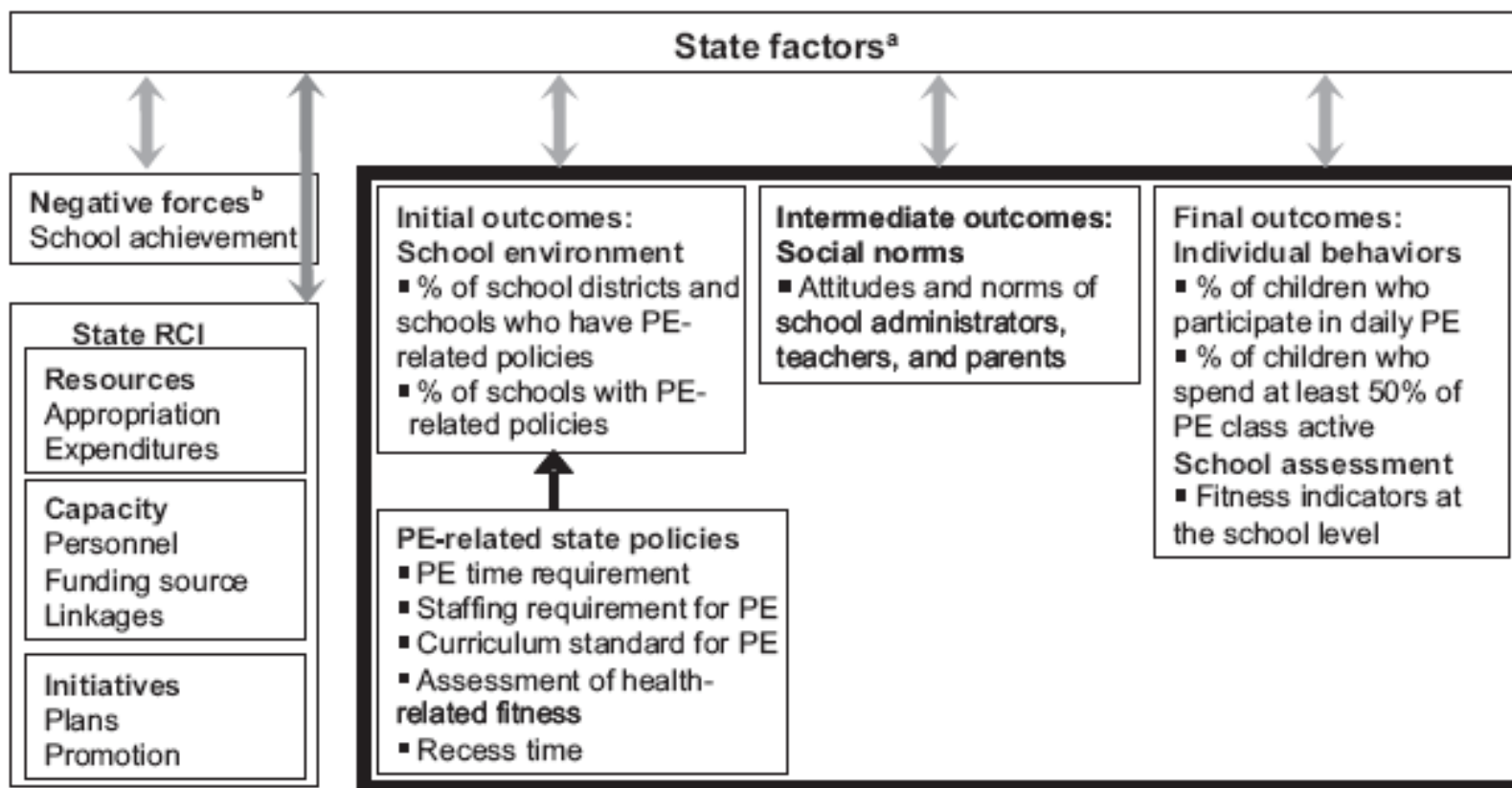


Soft Drinks in Schools

- Alliance for a Healthier Generation MOU with Soft Drink Companies
- Criteria-based recognition program
- Beverage and competitive food guidelines
- Voluntary



Institutional: PERSPCS



Physical Ed & Physical Activity

- Improving physical and health education
 - Staff requirements
 - Curriculum standards
 - Time requirements
- Increasing physical activity throughout the school day
 - Scheduled recess
 - Before and after school
 - Breaks during class



Community-Based Policies

- Snack Taxes-17 states
- Soda Taxes-18 states
- Limited liability laws-24 states (including MI)
- Land use
 - Supermarket access associated with lower BMI; convenience stores with higher BMI
 - Fast food zoning
 - Mixed use development
- Healthy food labeling
 - Restaurants, grocery stores



Community Based Policies

- Iowa SB 2124
 - Bill awards grants to communities to establish nutrition and PA programs
- California SB 1329 “Healthy Food Retailing Initiative” (dead)
 - Provides grants or loans to businesses developing grocery stores in low-income communities



Best Practices: Policy

Summary

- No lack of potential policy approaches
- Ignoring the problem is not an option
- Challenge is to establish consensus on
 - which policies to pursue
 - how to implement them
 - which measures to use in evaluation



Best Practices: Policy making

A case study of policymaking efforts in IL



One of the largest childhood obesity prevention efforts anywhere.

www.clocc.net

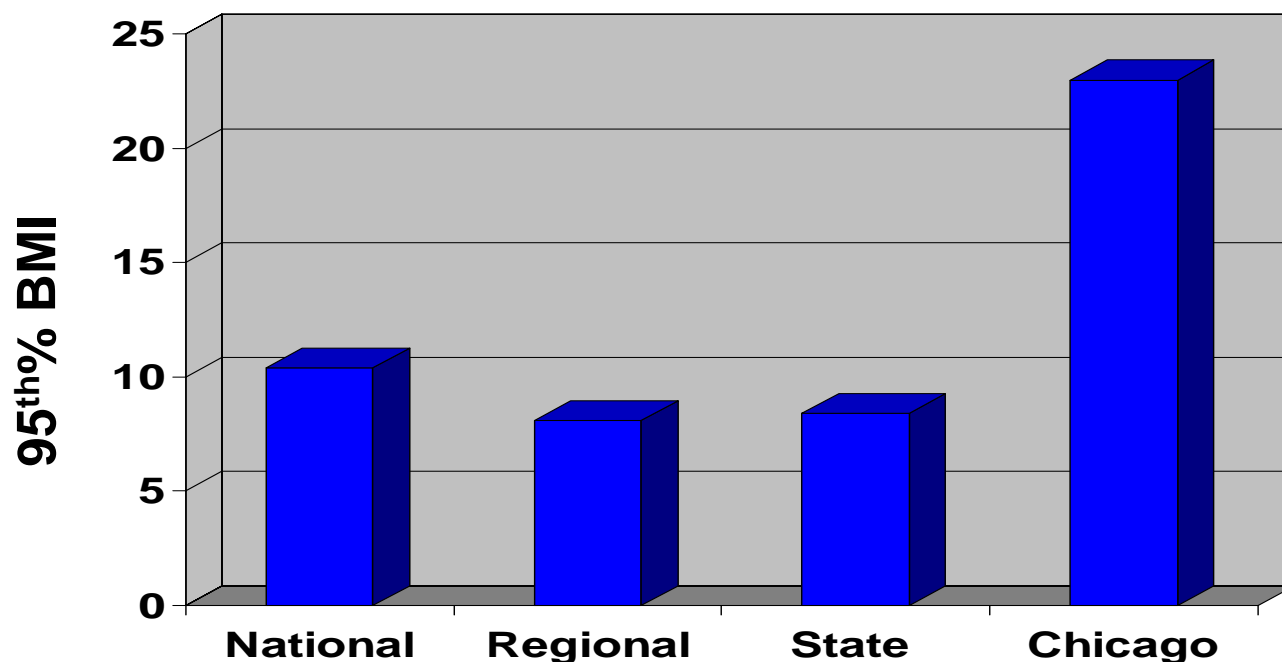
Responsible for 5 IL laws in the last 3 ½ years



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup

CLOCC'S Formative Work

Childhood obesity in Chicago



CLOCC: First Policy Foray

- **Began Via Working Groups**
 - In response to high number of analysis requests
 - Data Surveillance and Government WGs hired a lawyer
- **SB 2940**
 - Built on formative work
 - Creates a pediatric health surveillance system
 - Surveillance not screening
 - Enacted 8/04



CLOCC: Consensus Agenda

- **Rationale**
 - State policy work was uncoordinated
 - Few ‘wins’
 - Many sides in this complex area
- **Planning Committee**
 - 10-15 people from various sectors
 - 4 Subcommittees formed w/ 2 ‘co-chairs’ each
 - Language was extremely important!



CLOCC: Consensus Agenda

- **Advocate's Summit**
 - Open invites—80 orgs attended
 - 4 breakouts (Ag and Comm, Edu, H&HS, Trans & Rec) led by planning cmte co-chairs
 - 5 potential priority areas identified
- **The heavy lifting...**
 - 4 Working Groups formed
 - Planning committee readjusted
 - Draft legal language prepared
 - Revisions by WG and PC
 - Draft released at CLOCC QM
 - Endorsements sought



CLOCC:Consensus Agenda

- **The draft policies**
 - Creation of the IL Food Systems Policy Council
 - Tightening the PE Waiver process
 - Early childhood standards
 - Safe Routes to Schools and Parks
 - Appropriations
- **Endorsements**
 - Only written endorsements accepted
 - Organizations, programs, agencies, corporations, etc



CLOCC:Consensus Agenda

- **Policymaker's Summit**
 - Press conference
 - Every lawmaker in IL invited
 - Endorsing organizations stood together
 - Question and Answer session for lawmakers
- **Legislative Session**
 - Day 1 action
 - House and Senate
 - Coordinated expert testimony



CLOCC:Consensus Agenda

- **Results**

- IL FPC (Passed House 116-1 / Passed Senate 58-0)
- ELC (113-0 / 57-0)
- SR2S (114-0 / 58-0)
- PE (S 57-0 / H 116-0)

- **Totals**

- Less than ½ the number of Bill's introduced
- 32 House and 18 Senate Sponsors
- \$0 appropriations



Since Then...

- **“Hawking” successes**
 - SB2940 Pilots
 - “Food Security” and Homeland Security
 - Supporting others re: PE
 - Early Learning Council / Interagency Nutrition Council
 - Safe Routes Taskforce
- **Applying success to City level**
 - Ban on restrictive covenants
 - Interdepartmental Taskforce
- **Serving as a center for policy discussions in IL**



Acknowledgements

CLOCC's policy work was supported in 2003-2005 by :

- The Otho S.A. Sprague Memorial Institute
- The Chicago Community Trust
- The Michael Reese Health Trust

In-kind Contributions were made by many, including:

- Children's Memorial Hospital
- American Heart Association
- Chicago Food Systems Collaborative

Illinois lawmakers, William Kling JD, the members of the Government WG, and the CLOCC staff that made this work possible.



Lessons Learned

- Integrity of process was essential
- A big-tent approach helped many partners
- Political successes lead to more work
- A neutral convener made this possible
- Commit to measuring effectiveness
- Set and keep to timelines
- Any system will be 'gamed'
- Benefits are long-lasting



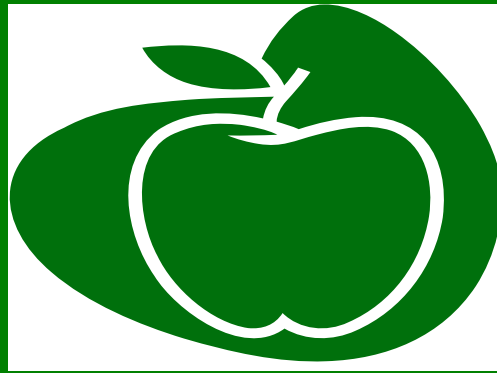
A model for Michigan?

- MDCH's role as convener has advantages
 - Leadership
 - Political Accountability
- Potential disadvantages too
 - Limitation on advocacy
 - Need for parallel process



Thank You



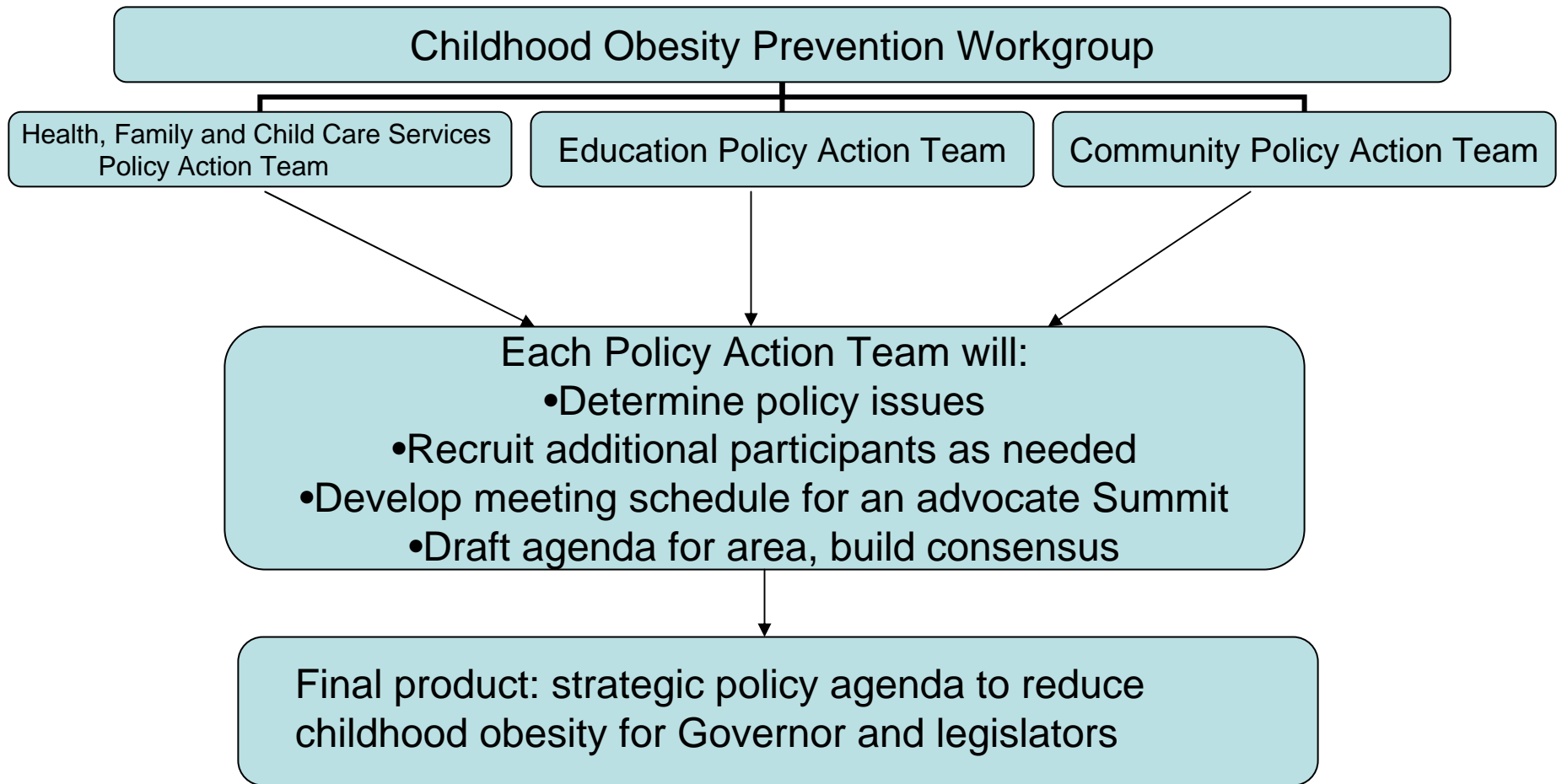


Policy Action Teams

Kimberlydawn Wisdom, MD, MS
Michigan Surgeon General



Policy Action Teams



Role of Policy Action Teams

- Determine policy options relevant for your area
- Recruit additional partners who are not at the table
- Develop an agenda and presentation that represents your interest area for March 2008 meeting



COPW Process

- **Meeting 1 (Today) Outcome:**
 - Steering committee breaks into Policy Action Teams to create plans for future meetings, and determine how they will function to achieve goals over the next year
- **Meeting 2 (Summit) Outcome:**
 - Policy Action Teams present on both sides of policies put forth, build consensus among participants
- **Meeting 3 Outcome:**
 - Draft agenda of policy plan created in Policy Action Teams is reviewed and actions prioritized; agreement on items or plans for revision.
- **Meeting 4 Outcome:**
 - Final plan is endorsed by participating organizations



Objectives for Today's Breakout

- Establish Policy Action Teams and co-chairs
- Teams develop recruitment plan and meeting schedule
- Agenda and presentation for March meeting



What Policy Action Team Do I Fit In?

- **Education**
 - All school-related initiatives
- **Health, Family and Childcare Services**
 - Physician training
 - BMI screening
 - Reimbursement
 - Child care centers
 - Breastfeeding
- **Community**
 - Transportation
 - Land use
 - Agriculture
 - Advertising and marketing



Facilitators for Today

- Education:
 - Kyle Guerrant, Michigan Department of Education
 - Lisa Grost, Michigan Department of Community Health
- Community:
 - Mike Hamm, Michigan State University
 - Diane Golzynski, Michigan Department of Community Health
- Health, Family and Child Care Services:
 - Rochelle Hurst, Michigan Department of Community Health



Getting Started

1. Select your Policy Action Team
2. Facilitator will walk through process
3. Brainstorm
 1. What partners may be missing? Ensure a variety of perspectives are represented
 2. Big topics in your area-where should the focus be?
 3. Between now and March, how will you reach consensus on issues related to your area?
 4. Co-Chairs-who can commit to facilitating this process until March meeting?



Reconvene

- Sharing from each Policy Action Team:
 - Co-Chairs
 - Partner recruitment ideas
 - Policy action ideas
 - Plans for preparing for March meeting



Mark Your Calendars:

Future Childhood Obesity Prevention Workgroup Meeting Dates

- March 24, 2008
- May 1, 2008

